

<b>MEDICAL POLICY</b>	<b>Walkers (All Lines of Business Except Medicare)</b>	
<b>Effective Date: 07/01/2020</b>   <b>7/1/2020</b>	Section: DME	Policy No.: 374
	Medical Policy Committee Approved Date: 1/03; 9/04; 7/05; 1/07; 7/07; 1/08; 3/08; 5/10; 2/12; 6/13; 9/14; 10/15; 1/16; 7/16; 8/17; 4/18; 8/19; 06/2020	
Medical Officer	Date	

**See Policy CPT/HCPCS CODE section below for any prior authorization requirements**

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

All lines of business

**BENEFIT APPLICATION**

Medicaid Members

*Oregon:* Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**POLICY CRITERIA**

Notes: This policy is based on the Centers for Medicare & Medicaid Services (CMS) Local Coverage Determination (LCD): Walkers (L33791) and Local Coverage Article (LCA): Walkers (A52503).<sup>1,2</sup>

Standard Walkers (E0130, E0135, E0141, E0143)

- I. A standard walker and related accessories may be considered **medically necessary and covered** if **all** of the following criteria (A.-C.) are met:
  - A. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home. A mobility limitation is one that:

<b>MEDICAL POLICY</b>	<b>Walkers (All Lines of Business Except Medicare)</b>
-----------------------	--

- 1. Prevents the beneficiary from accomplishing the MRADL entirely, **or**
  - 2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL, **or**
  - 3. Prevents the beneficiary from completing the MRADL within a reasonable time frame; **and**
- B. The beneficiary is able to safely use the walker; **and**
  - C. The functional mobility deficit can be sufficiently resolved with use of a walker.

II. A standard walker (E0130, E0135, E0141, E0143) and related accessories is considered **not reasonable and necessary and not covered** when criterion I. above is not met.

Heavy Duty Walkers (E0148, E0149)

III. A heavy duty walker may be considered **medically necessary and covered** when **both** of the following criteria (A. and B.) are met:

- A. The patient meets coverage criteria for a standard walker; **and**
- B. The patient weighs more than 300 pounds.

IV. A heavy duty walker is considered **not medically necessary and is not covered** when the above criterion III. is not met.

Heavy Duty Multiple Braking System Walker (E0147)

V. A heavy duty, multiple braking system, variable wheel resistance walker may be considered **medically necessary and covered** when **both** of the following criteria (A. and B.) are met:

- A. The patient meets the criteria for a standard walker; **and**
- B. Patient is unable to use a standard walker due to either of the following:
  - 1. A severe neurologic disorder; or
  - 2. Condition causing the restricted use of one hand.

Note: Obesity, by itself, is not a sufficient reason for an E0147 walker.

VI. A heavy duty, multiple braking system, variable wheel resistance walker is considered **not medically necessary and is not covered** when the above criterion V. is not met.

Walker with Trunk Support (E0140)

VII. A walker with trunk support may be considered **medically necessary and covered** when **both** of the following criteria (A. and B.) are met:

- A. The patient meets the criteria for a standard walker; **and**
- B. Documentation in the medical record justifies the medical necessity for the special features.

<b>MEDICAL POLICY</b>	<b>Walkers (All Lines of Business Except Medicare)</b>
-----------------------	--

VIII. A walker with trunk support is considered **not medically necessary is not covered** when the above criterion VII. is not met.

Enclosed Frame Walkers (E0144)

IX. A walker with an enclosed frame is considered **not medically necessary and is not covered**.

Leg Extensions (E0158)

X. Leg extensions may be considered **medically necessary and covered** if the patient is 6 feet or taller.

XI. Leg extensions are considered **not medically necessary and is not covered** when criterion X. above is not met.

**Non-coverage Criteria**

XII. Enhancement accessories of walkers will be denied as **not medically necessary and not covered**.

**BILLING GUIDELINES**

**KX, GA, GY AND GZ MODIFIERS:**

If a heavy duty walker (E0148, E0149) is provided and if the supplier has documentation in their records that the beneficiary's weight (within one month of providing the walker) is greater than 300 pounds, the KX modifier should be added to the code.

If the above criterion has not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

If the walker that is provided is only needed for mobility outside the home, the GY modifier must be added to the codes for the item and all accessories.

Claims lines billed with codes E0148 - E0149 without a KX, GA, GY or GZ modifier will be rejected as missing information.

<b>MEDICAL POLICY</b>	<b>Walkers (All Lines of Business Except Medicare)</b>
-----------------------	--

### Coding Guidelines

- A wheeled walker (E0141, E0143, E0149) is one with either 2, 3, or 4 wheels. It may be fixed height or adjustable height. It may or may not include glide-type brakes (or equivalent). The wheels may be fixed or swivel.

A glide-type brake consists of a spring mechanism (or equivalent) which raises the leg post of the walker off the ground when the beneficiary is not pushing down on the frame.

- Code E0144 describes a rigid or folding wheeled walker which has a frame that completely surrounds the beneficiary and an attached seat in the back.
- A heavy duty walker (E0148, E0149) is one which is labeled as capable of supporting beneficiaries who weigh more than 300 pounds. It may be fixed height or adjustable height. It may be rigid or folding.
- Code E0147 describes a 4-wheeled, adjustable height, folding- walker that has all of the following characteristics:
  1. Capable of supporting beneficiaries who weigh greater than 350 pounds,
  2. Hand operated brakes that cause the wheels to lock when the hand levers are released,
  3. The hand brakes can be set so that either or both can lock both wheels,
  4. The pressure required to operate each hand brake is individually adjustable,
  5. There is an additional braking mechanism on the front crossbar,
  6. At least two wheels have brakes that can be independently set through tension adjustability to give varying resistance.
- The only walker s that may be billed using code E0147 are those products for which a written Coding Verification Review has been made by the Pricing, Data Analysis and Coding (PDAC) Contractor and subsequently published on the appropriate Product Classification List. Suppliers should contact the PDAC Contractor for guidance on the correct coding of these items.
- Codes A4636, A4637, and E0159 are only used to bill for replacement items for covered, beneficiary-owned walkers.
- Codes E0154, E0156, E0157, and E0158 can be used for accessories provided with the initial issue of a walker or for replacement components.
- Code E0155 can be used for replacements on covered, beneficiary-owned wheeled walker s or when wheels are subsequently added to a covered, beneficiary-owned non-wheeled walker (E0130, E0135). Code E0155 cannot be used for wheels provided at the time of, or within one month of, the initial issue of a non-wheeled walker.

<b>MEDICAL POLICY</b>	<b>Walkers (All Lines of Business Except Medicare)</b>
-----------------------	--

- Hemi-walkers must be coded using E0130 or E0135 not an E1399.
- Gait Trainer: Gait trainers are billed using one of the codes for walkers. If a gait trainer has a feature described by one of the walker attachment codes (E0154-E0157) that code may be separately billed. Other unique features of gait trainers are not separately payable and may not be billed with code E1399. If a supplier chooses to bill separately for a feature of a gait trainer that is not described by a specific HCPC code, then code A9900 must be used.
- An enhancement accessory is one which does not contribute significantly to the therapeutic function of the walker. It may include, but is not limited to style, color, hand operated brakes (other than those described in code E0147), or basket (or equivalent). Use code A9270 when an enhancement accessory of a walker is billed.
- Brakes, other than hand operated brakes, provided at the same time as a walker (E0141, E0143, E0149) may not be billed separately. If brakes are billed separately, they must be billed using A9900 and will be denied as not separately payable.

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time, and must not be billed separately at the time of billing the Column I code.

<u>Column I</u>	<u>Column II</u>
E0130	A4636, A4637
E0135	A4636, A4637
E0140	A4636, A4637, E0155, E0159
E0141	A4636, A4637, E0155, E0159
E0143	A4636, A4637, E0155, E0159
E0144	A4636, A4637, E0155, E0156, E0159
E0147	A4636, E0155, E0159
E0148	A4636, A4637
E0149	A4636, A4637, E0155, E0159

## CPT/HCPCS CODES

All Lines of Business Except Medicare	
No Prior Authorization Required	
A4636	Replacement, handgrip, cane, crutch, or walker, each
A4637	Replacement, tip, cane, crutch, walker, each
E0118	Crutch substitute, lower leg platform, with or without wheels, each
E0130	Walker, rigid (pickup), adjustable or fixed height
E0135	Walker, folding (pickup), adjustable or fixed height

<b>MEDICAL POLICY</b>	<b>Walkers (All Lines of Business Except Medicare)</b>
-----------------------	--

E0140	Walker, with trunk support, adjustable or fixed height, any type
E0141	Walker, rigid, wheeled, adjustable or fixed height
E0143	Walker, folding, wheeled, adjustable or fixed height
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each
E0149	Walker, heavy duty, wheeled, rigid or folding, any type
E0154	Platform attachment, walker, each
E0155	Wheel attachment, rigid pick-up walker, per pair
E0156	Seat attachment, walker
E0157	Crutch attachment, walker, each
E0158	Leg extensions for walker, per set of four (4)
E0159	Brake attachment for wheeled walker, replacement, each
<b>Not Covered</b>	
A9270	Non-covered item or service
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
<b>Unlisted Codes</b>	
All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it MAY be denied as <b>Not Covered</b> .	
A9900	Miscellaneous DME supply, accessory, and/or service component of another hcpcs code
E1399	Durable medical equipment, miscellaneous

## INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days’ notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

## REGULATORY STATUS

### Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

<b>MEDICAL POLICY</b>	<b>Walkers</b> <b>(All Lines of Business Except Medicare)</b>
-----------------------	--

**REFERENCES**

1. Centers for Medicare & Medicaid Local Coverage Determination (LCD): Walkers (L33791). Revision Effective Date: For services performed on or after 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33791>. Accessed 05/22/2020.
2. Centers for Medicare & Medicaid Services Local Coverage Article: Walkers - Policy Article (A52503). Revision Effective Date: 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52503>. Accessed 05/22/2020.